
APPLICATION DATA SHEET

Application Information

Application number::	Not yet assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?	None
Sequence Submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	METHODS AND COMPOSITIONS FOR TREATING ALZHEIMER'S DISEASE
Attorney Docket Number::	M0765.70069US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	7
Total Drawing Sheets::	7
Claims::	102
Small Entity?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	G. William
Middle Name::	

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Family Name:: REBECK

City of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of
mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Amy

Middle Name::

Family Name:: DENG

City of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of
mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Hiroaki

Middle Name::

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Family Name:: FUKUMOTO

City of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of
mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: IRIZARRY

City of Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of
mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: FITZGERALD

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City of Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of

mailing address::

Correspondence Information

Correspondence Information::

Name:: John R. Van Amsterdam, Ph.D., Esq.

Street of mailing address:: 600 Atlantic Avenue

City of mailing address:: Boston

State or Province of mailing

address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing

address:: 02210

Phone number:: (617) 720-3500, (617) 573-7833

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Representative Information

Representative Customer Number:: **23628**

Domestic Priority Information::

Application::	Continuity Type::	Parent Application::	Parent Filing Date:: MM / DD / YY
This application	non-provisional of	60/411,706	09 - 18 - 02

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Foreign Priority Information::

Country::	Application Number::	Filing Date:: MM/DD/YY	Priority Claimed::
N/A			

Assignee Information:

Assignee name::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::